

hospital, a sole physician provider trying to recruit nurses and physician assistants and nurse practitioners. The doctor shortage will worsen as we see a situation where they will be cutting Medicare \$500 billion, raising taxes \$500 billion, and people who had insurance on this telephone townhall were very concerned that their insurance premiums are going to go up, in spite of the fact that the President has promised families would see insurance rates go down. We know those rates are going to go way up for people who buy their own insurance. People say: Don't cut Medicare, don't raise taxes, don't make matters worse than they are right now. For the people of Wyoming, they are afraid that matters will be made worse.

The Washington Post had a major poll in the paper today specifically asking seniors the question about Medicare. We are talking about health care quality, the quality of care. The question is: Do you think health care reform will strengthen the Medicare Program or weaken the Medicare Program? They asked specifically and broke it down to seniors. Only 1 out of 8 seniors in this poll said it actually would get better. But the rest are saying: No, it is going to get worse. The seniors who watch this most carefully know what it means to try to get health care under the Medicare Program, a program that we know is going broke. Yet they are taking all this money not to save Medicare but to start a new program. We know the quality of care is going to go down. That is what the people of my home State and the people I talked to from around the country are concerned about. They are delighted the Senator offered this motion.

I did a poll in the townhall meeting: Are you for or against the bill? Some of them say: What is in it? We don't know. Which is exactly what the junior Senator, a Democrat from Indiana, said in today's national press release: We are all being urged to vote for something, and we don't know the details of what is in it. The junior Senator from Indiana is a Democrat. He doesn't know what is in it. The people of Wyoming don't know what is in it. But they do know taxes start immediately, benefits not for 4 years. That is why they are happy you offered this motion. They want to know: How do we know the money will be there 4 years from now?

Mrs. HUTCHISON. That is a very important question. Here we are going to start collecting the taxes for 4 years before the program is put in place. The distinguished Senator from Oklahoma, the other physician in this body, knows we have had promises from the Federal Government before. But I can't remember a time when we started collecting a tax for a purpose that would be 4 years away. What on Earth could people expect to actually be there when the program kicks in?

The program is going to have to be implemented. It is going to have to be

brought up to speed. I am sure there will be changes. What would you think your patients whom you still care for in Oklahoma or the ones, in the experience you have had, how do you think people are going to react to having higher costs in all these areas of health care for 4 years, even a tax on the high-income plans, not high-income people having those plans but high coverage that a union member might have that will start being taxed in 2013, 1 year before the program takes effect?

How do you think that is going to affect the quality of health care people can expect and the cost to them out-of-pocket when there would be nothing even on the drawing boards for 4 years?

Mr. COBURN. To answer the Senator's question, No. 1, as we already know, the Oklahoma State employees' health insurance plan, in 2013, will be considered a Cadillac plan. That is every State worker in the State of Oklahoma. And they can hardly afford their copays and their premiums in that plan today. So what we know is, we are going to tax all the Oklahoma workers. Many of those are schoolteachers who happen to be my patients, and they are struggling today.

So this disconnect between when the taxes are—

Mrs. HUTCHISON. I ask the Senator from Oklahoma, you are saying that a schoolteacher is probably not making \$200,000 or more?

Mr. COBURN. Not at all.

Mrs. HUTCHISON. Yet we were promised there would be no taxes, no harm to people making under \$200,000. Remind me if there is a teacher in Oklahoma—because I know there is not one in Texas—making over \$200,000.

Mr. COBURN. Well, our teachers wish they made what the teachers in Texas make, but they do not. But they do not make anywhere close to \$200,000. It does not just affect the Department of Human Services workers, it is also going to impact the premium increases that are going to come about before this plan is implemented. We are going to see premium increases. So the small businesses that are now covering people are going to have massive premium increases. The individuals who are buying insurance in the open individual market themselves are going to see premium increases. The fact is, that is all going to happen before the first benefit, the first real benefit—other than preexisting illnesses—before anybody sees any benefit to that.

The other thing that is not talked about is, with the skewing of this and with the relatively low tax on not complying with it, our youngest, healthiest people are going to say: I don't want any insurance because all I have to do is pay, in the first year, \$250—or even less—up to \$750, and I can save thousands of dollars every year by not buying insurance, and buying it when I get sick.

So we are going to see everything skewed in the insurance market. That is what is going to drive up the premiums.

My constituents, plus my patients, are not happy about the delay. If we are going to make this, what I believe, is a fatal mistake for our country in terms of the quality of health care, then we ought to at least match the revenues with the expenses.

Mrs. HUTCHISON. That is exactly what the Senator from South Dakota and I are trying to do. We are trying to make sure Americans will not—will not—pay taxes and increased prices on prescription drugs, on coverage we do have, the policies we do have, and the equipment that is so necessary for health care services.

Senator THUNE and I want to do what is basic fairness and very simple; that is, to say the program starts and the taxes start at the same time. That is a tradition we have had in this country for years. We do not tax people 4 years from having any kind of program in place that they could choose from that might benefit them. We do not do that. That is not the American way, and it is certainly not anything we have done before.

What in the world would people expect to happen in 4 years? What if this plan is changed? What if the people rise up and say: We don't want this plan, and they say: No way, and they would have been paying higher premiums and higher health care costs already. It is a downpayment where you are not sure what the end is going to be.

It is like buying a house and saying: Now, in 4 years we are going to give you the key to the house, we are going to give you the key to the house that you bought 4 years from now. Oh, maybe there will be a change in condition, but you are going to get it. Maybe it will be damaged. Maybe it will be worn. Maybe it will have a fire that starts in part of it. But you will get those keys and then something will be there for you. We promise you. We are from the government, and we are going to promise you that.

That is not good enough. That is not what we owe the American people. And it is not health care reform.

I would just ask my colleague from South Dakota, who is the cosponsor of this motion, if he agrees that as a matter of simple fairness, openness, and transparency to the American people, health care reform should not mean 4 years of taxes before any program is put in place.

Mr. THUNE. I will say to my colleague from Texas, as to the taxes, the fees, the tax increases, everything in our motion very simply states they ought to be aligned with the beginning of the benefits. The benefits and the exchanges and, frankly, all the major policies—the substance of this bill—begin in 2014; the individual mandate, the State exchanges, the subsidies, as I said, premium tax credits, Medicaid expansion, the employer mandate, 2014; the government plan, 2014. The substance of this bill begins in 2014. Unfortunately, the tax increases begin 4 years earlier, 16 days from now. Sixteen days from now, January 1 of this